Appendix 4: **Sample Injury Report Form**

Injury Report Form: This report reflects an accurate record of the injured person's reported symptoms of injury

Name of person injured:	Date of Birth:
Date when injury occurred:	Date when injury is evident:
Person injured: ☐ Participant/Sailor ☐ Instructor ☐ Other: _____	Gender: ☐ Male ☐ Female
Supervising Instructor: _____ (Signature)	Witness: _____ (Signature)

First aid provided by: _____ (Signature)

Time of first aid:

Initial tratment required:
☐ No treatment required
☐ CPR ☐ RICER
☐ Crutches ☐ Sling / splint
☐ Dressing ☐ Strapping
☐ Massage ☐ Stretching

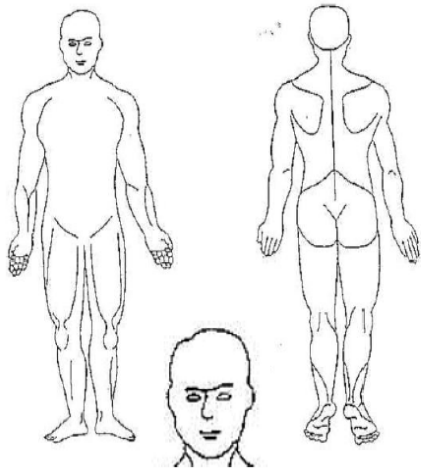
Nature of injury:
☐ New injury ☐ Aggravated injury
☐ Recurrent injury ☐ Other: _____

Did the injury occur during: ☐ Training ☐ Event ☐ Other: _____

Symptons of injury:

☐ Blisters	☐ Inflammation/swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising/contusion	☐ Suspected bone fracture/break	☐ Electrical shock

Body part injured:



How did the injury occur?

☐ Collision with a fixed object?	☐ Overbalance
☐ Collision/contact with another person	☐ Overstretch
☐ Fall from height/awkward landing	☐ Slip/trip
☐ Fall/stumble on same level	☐ Other: _____

Extra detail regarding how the injury occurred:

Was protective equipment worn on the injured body part? ☐ Y ☐ N

Follow up action: ☐ None ☐ Ambulance ☐ Medical practitioner/physiotherapist ☐ Hospital ☐ Other:

Signature of person completing form: Date:

Note: Instructors without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treeated confidentially. In some states, additional legislation affects the management of health records. See the Australian Legal Information Institute website (www.austlii.edu.au) for further information.